



Cobb County
Business License Division
P.O. Box 649
Marietta, Georgia 30061-0649
Phone 770-528-8410/ Fax 770-528-8414

If you wish for this application to be hand delivered or delivered via UPS or FedEx please do so at:

1150 Powder Springs Street, Suite 400
Marietta, Georgia 30064

Web site Address - www.cobbcounty.org

**Taxicab Company
Check off list and Application**

- ☐ 1. **This application will not be accepted if not complete in its entirety with all attachments.**
- ☐ 2. Application and attachments **must be typed or legibly written in black ink** and every question must be completed. Provide one original and one copy of all applications and attachments. All dated material submitted must not bear a date more than 30 days prior to submission.
- ☐ 3. A personal statement must be completed by the licensee and each shareholder with 20% or more ownership.
- ☐ 4. Provide two pictures of the licensee and each shareholder with 20% or more ownership. Photographs must be passport size. (2"x2")
- ☐ 5. Persons that were not born in the U.S. must provide **original** Immigration Card I-551 to the Business License Staff. Naturalized citizens must provide their **original** certificate of naturalization to the Business License Staff. If otherwise admitted into the United States, please provide original INS documents. This applies to the licensee, each owner, each partner, and each stockholder with 20% or more ownership, and their spouses. (Passports will not be accepted.)
- ☐ 6. All Licensees must complete the Status Affidavit on page 25.
- ☐ 7. If a corporation or LLC, provide copies of stock certificates (front and back) in numerical order and minutes of meetings on all stock transfers except for publicly traded companies.

- ❑ 8. Provide proof of insurance on each vehicle in business. Proof of insurance must be in form of declaration page for policy which must show all coverage amounts and all vehicles covered by vehicle identification number (VIN). Insurance must be in name of Taxicab Company for each vehicle. Proof of insurance must indicate vehicle identification number, make and model of vehicle, insurance expiration date, and amount of coverage. Insurance must be issued by an insurance company that is authorized to do business in the State of Georgia. If the insurance company has not been previously approved by a county attorney, a copy of the policy must be sent to a county attorney and approved before the application can be processed.
- ❑ 9. Provide a copy of the insurance ***policy jacket*** which includes the policy contract for all vehicles covered by insurance.
- ❑ 10. Provide completed insurance verification form (Questionnaire). This form is attached and is to be completed and signed with notary by your insurance agent. **A list of insured vehicles must accompany this form, whether your company has 1 car or 50 cars.**
- ❑ 11. Provide two pictures of EACH vehicle.
FOR TAXICABS – One picture must clearly show that each vehicle complies with Cobb County Code Section 126-121's requirements for permanent signage on outside of vehicle. Other picture must show rear of vehicle including tag. **Tag must be readable.**
- ❑ 12. Provide a seven (7) year driver's history of each shareholder/partner/stockholder with 20% or more ownership and licensee residing in the State of Georgia. This can be obtained from any Georgia State Patrol Post. A list of local Georgia State Patrol Posts is enclosed for your convenience (Page 23). If any of the above do not live in Georgia, a seven (7) year driver's history must be obtained from their state of residence.
- ❑ 13. Provide current vehicle registration (current tag receipt) in company name and to business address for each vehicle.
- ❑ 14. Provide notarized consent form for each owner/partner/stockholder with 20% or more ownership and licensee and their spouses. Two forms have been provided; copy as necessary. (Pages 19-20)
- ❑ 15. Provide signed affidavits from each owner/partner/president or CEO and licensee with notary regarding safety standards. (Page 21)
- ❑ 16. Provide a notarized purchase agreement, if you are buying an existing establishment.
- ❑ 17. Provide a copy of a notarized lease between you and the property owner or proof of ownership of building or location of business.
- ❑ 18. The Zoning designations for businesses located within unincorporated Cobb County must be indicated on page 14 of the taxicab company application. Please see Cobb County Zoning Division.
- ❑ 19. Administrative fee - \$ 200.00.
- ❑ 20. Submit fingerprints electronically thorough the Georgia Application Processing Services (GAPS). See page 26 of this application and sign the fingerprint affidavit on page 27 of this application after submitting fingerprints through GAPS.

- ❑ 21. License fees and vehicle sticker fees must be paid before the license can be issued. Payment must be made within fourteen days after approval of application or the license is void. The license fee for businesses located in Unincorporated Cobb County is based on estimated gross revenue. The permit stickers are \$100.00 per vehicle for vehicles which have not previously been issued a Cobb County Sticker. Please contact the Business License Division for exact fee amounts. Penalties and interest will be assessed by law for operating in Cobb County without a license and permit sticker.
- 22. **Each vehicle must be brought to the Cobb County Business License Division Main Office at 1150 Powder Springs Street, Suite 400, Marietta, Georgia 30064 for the vehicle sticker to be placed on the vehicle.**
- ❑ 23. For your information – taxicab company drivers must apply for a permit through the Cobb County Police Permit Unit located at 154 North Marietta Parkway, Marietta, GA 30060 – Phone 770-499-3943. Drivers/owners must provide proof of payment of Business License fees to the Permit Unit in order to obtain a driver's permit. Drivers/owners must show their driver's permit to the Business License Division before obtaining permit stickers.
- ❑ 24. Provide W2 or 1099 for all drivers. All drivers that are not W2 Employees of the company are considered self-employed and are required to obtain a separate business license as an independent contractor.

Application Procedure:

Upon receipt of a completed application with all required attachments, the Business License Division will send the application to the Cobb County Police Permit Unit for investigation. Each application will require a minimum of two weeks and as much as sixty days for investigation by the Cobb County Police Permit Unit. **No action can be taken in regard to the application until the Cobb County Police Permit Unit's investigation has been completed.** After receipt of the investigation report, and provided no additional information is required, the application will be considered by the Business License Division Manager. This decision will not be performed in a hearing. This decision will be based solely on the application's compliance with the Official Code of Cobb County Georgia. Notification of the decision will be in writing. If the application is approved, the license fee must be paid within two weeks of date of notification. If the application is denied, the applicant will have ten days to appeal the denial to the License Review Board. The License Review Board routinely meets on the second and fourth Thursday of each month at 3:00 p.m. The meeting will be conducted in the Purchasing Building Bid Room, on the second floor at 1772 County Services Parkway, Marietta, Georgia.

Pursuant to the decision of the Business License Division Manager and the appropriate filing of an appeal, the application will be scheduled for the next available hearing. However, appeals must be received a minimum of two weeks in advance of a License Review Board meeting. All decisions of the License Review Board are final unless appealed to the Board of Commissioners within thirty days of the decision of the License Review Board.

If there are any questions regarding the taxicab company application, please contact the Cobb County Business License Division at 770-528-8407.

The licensee must maintain daily dispatch log sheets for a minimum of one year on the licensed premise. Dispatch logs shall indicate the number of passengers, time, place of entry, destination of passengers, and amount charged. Personal property left in the vehicle shall be itemized and be available at the taxicab company business during business hours, which are to be no less than 7:00am to 7:00pm, seven days per week.

Cobb County
Business License Division
P.O. Box 649
Marietta, Georgia 30061-0649
Phone 770-528-8410/ Fax 770-528-8414

Date Received: _____
Copy to Police Department: _____
Date Letter Received From PD: _____
Consideration Date: _____
Business License Manager: Approved () Denied ()
License Review Board: Approved () Denied () Date : _____
Board of Commissioners: Approved () Denied () Date: _____

License Number: _____

New () Change of Ownership () Date: _____

1. Type of Business: _____

2. Business Name: _____

Business Address: _____ Business Phone # _____

City: _____ State: _____ Zip: _____

Fax # _____ E-Mail Address _____

3. Provide the address and attach pictures, inside and outside, of your office that is staffed from 7:00am to 7:00pm and any additional hours that any taxicab associated with the company is being operated. *A dispatcher must be included in this staff and have access to a radio for the purpose of communicating with passengers and/or drivers.

Street _____ City, State, Zip _____

Days and hours of operation: _____

4. Please provide the name, address and telephone number of a full-time employee who resides in Cobb County, for the purpose of serving process:

Name: _____

Address: _____ Phone # _____

5. Mailing Address: _____

City: _____ State: _____ Zip: _____

6. Licensee Full Name: _____ Title: _____ SSN# _____

Business Phone: _____ Home Phone: _____ Alternate Phone/Cell: _____
(required)

Home Address: _____

City: _____ State: _____ Zip : _____

7. Type of Ownership: Sole Proprietor () Partnership () Corporation ()
LLP () LLC ()

8. If Sole Proprietor - Owner's Name: _____

Social Security # _____ - _____ - _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

E-mail Address: _____ Cell Phone # _____

9. If Partnership or Limited Liability Partnership

Partnership or LLP Name: _____

A. Name of partner/member: _____ Social Security # _____ - _____ - _____

Date of Birth: _____ Percentage of Ownership: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Cell Phone # _____

B. Name of partner/member: _____ Social Security # _____ - _____ - _____

Date of Birth: _____ Percentage of Ownership: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Cell Phone # _____

*** Include additional partners/members on separate attachment***

10. If Corporation or Limited Liability Company

Corporation or LLC Name: _____

Corporation Address: _____ Corporation Phone # _____

E-mail Address: _____ Fax # _____

A. President/member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

E-mail Address: _____ Cell Phone # _____

B. Vice President/member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

E-mail Address: _____ Cell Phone # _____

C. Secretary/member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

E-mail Address: _____ Cell Phone # _____

D. Treasurer/member: _____ Percentage of Ownership: _____

Date of Birth: _____ SS#: _____

Home address: _____ Home Phone: _____

City: _____, State: _____ Zip: _____

E-mail Address: _____ Cell Phone # _____

Include all additional partners/members on a separate attachment

VEHICLE NUMBER: _____

Vehicle Information Form

11. Complete the requested information on each vehicle. (Use additional pages if necessary for disclosure on each vehicle.) When adding additional vehicles, please duplicate this page.

A. Was the vehicle permitted by Cobb County last year? Yes () No ()

If yes, please provide the sticker number for this vehicle issued by Cobb County last year. # _____
(Failure to provide sticker number will result in a new vehicle sticker charge).

B. Make of vehicle: _____ Model: _____ Year: _____

C. Vehicle identification number (VIN): _____

D. Color: _____ Tag #: _____

E. Indicate the maximum number of seating capacity **behind** the driver: _____

F. Is the vehicle a van? _____

G. Name of insurance company holding policy: _____

Name of agent and address: _____

H. Policy Number: _____ Expiration of policy: _____

A copy of the insurance card(s) & declaration page as proof of policy, as provided in Cobb County Code Section 126-152, must accompany the application for each vehicle operating as a taxicab company for the business.

12. Indicate the amount of coverage on this vehicle:

A. \$ _____ Per death or bodily injury per person – expires _____

B. \$ _____ Per death or bodily injury per occurrence – expires _____

C. \$ _____ Per personal property damage – expires _____

D. \$ _____ Per personal injury protection – expires _____

Upon approval all vehicles must be brought to the Cobb County Business License Division, **1150 Powder Springs Street, Suite 400, Marietta, Georgia 30064** for the sticker to be placed on the vehicle.

VEHICLE NUMBER: _____

Vehicle Information Form

13. Complete the requested information on each vehicle. (Use additional pages if necessary for disclosure on each vehicle.)

A. Was the vehicle permitted by Cobb County last year? Yes () No ()
If yes, please provide the sticker number for this vehicle issued by Cobb County last year. # _____
(Failure to provide sticker number will result in a new vehicle sticker charge).

B. Make of vehicle: _____ Model: _____ Year: _____

C. Vehicle identification number (VIN): _____

D. Color: _____ Tag #: _____

E. Indicate the maximum number of seating capacity **behind** the driver: _____

F. Is the vehicle a van? _____

G. Name of insurance company holding policy: _____

Name of agent and address: _____

H. Policy Number: _____ Expiration of policy: _____

A copy of the insurance card(s) & declaration page as proof of policy, as provided in Cobb County Code Section 126-152, must accompany the application on each vehicle operating as a taxicab company for the business.

A thirty- day notice must be provided to the Business License Division before a policy on any vehicle lapses or is cancelled.

14. Indicate the amount of coverage on this vehicle:

A. \$ _____ Per death or bodily injury per person – expires _____

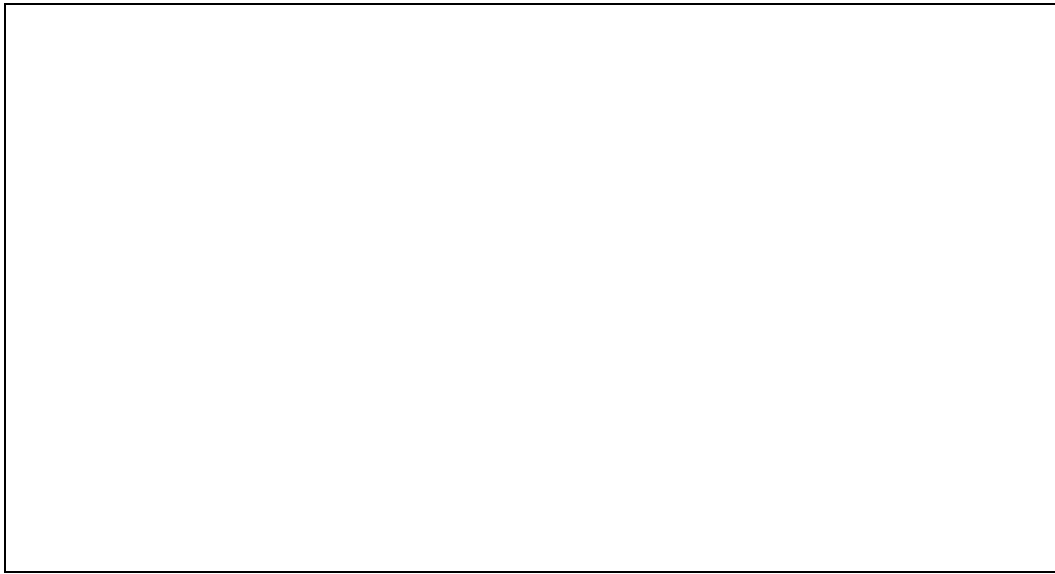
B. \$ _____ Per death or bodily injury per occurrence – expires _____

C. \$ _____ Per personal property damage – expires _____

D. \$ _____ Per personal injury protection – expires _____

Upon approval all vehicles must be brought to the Cobb County Business License Division, **1150 Powder Springs Street, Suite 400, Marietta, Georgia 30064** for the sticker to be placed on the vehicle.

Attach (tape) two photographs of vehicle below showing vehicle tag and compliance with all requirements of vehicle for hire. One picture must have view of vehicle tag for this vehicle. Tag must be readable.

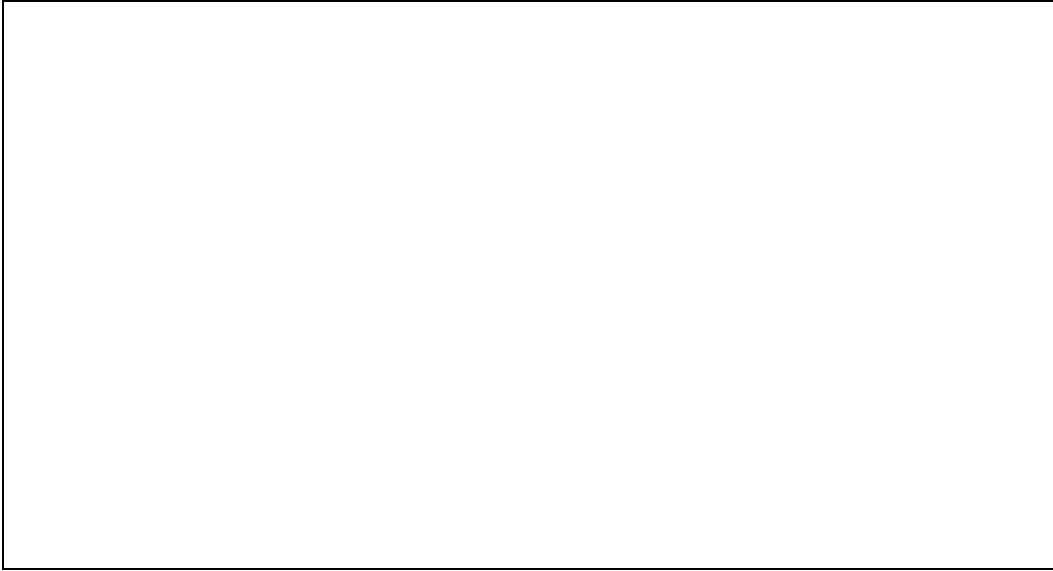


SIDE

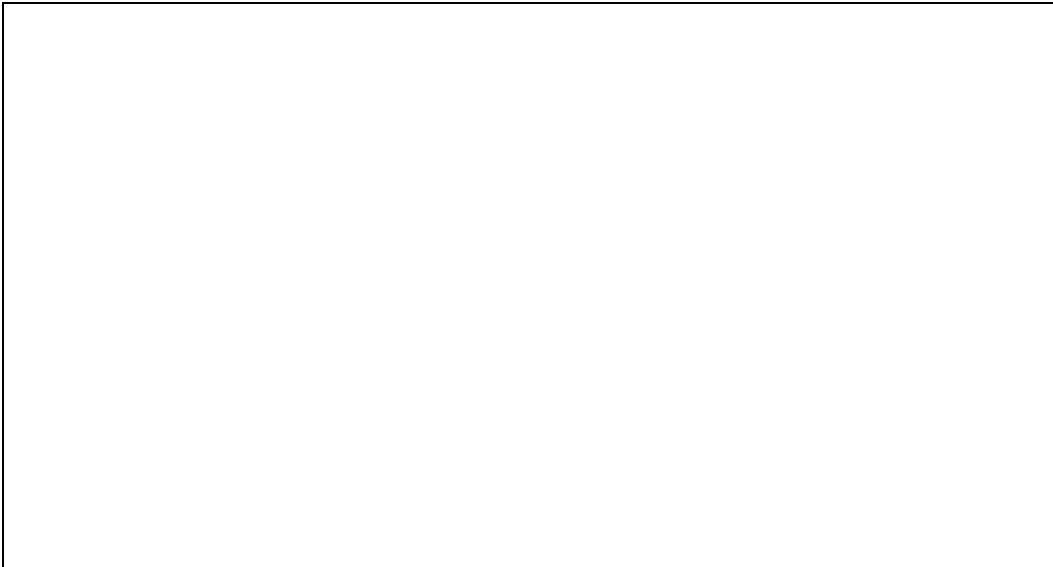


REAR(TAG MUST BE READABLE)

Attach (tape) two photographs of vehicle below showing vehicle tag and compliance with all requirements of vehicle for hire. One picture must have view of vehicle tag for this vehicle. Tag must be readable.



SIDE



REAR(TAG MUST BE READABLE)

15. If a corporation or LLC, list all stockholders with 20 percent or more ownership in the corporation or LLC. Include name, date of birth, social security number, address, and number of shares owned by each. Attach all stock certificates (front and back) to application.

<u>Name</u>	<u>DOB</u>	<u>Social Security</u>	<u>Address</u>	<u># Shares</u>
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16. Does any partner, corporation, stockholder in the corporation, member, associate, or any owner have any vested interest in any other taxicab company business in the state of Georgia? Yes () No () If yes, give complete name, address, and percentage of ownership.

17. A. List full name and other required information for each firm, LLC, LLP, or Corporation having any interest in this business and the percentage of ownership.

<u>Corporate Name</u>	<u>Business Address</u>	<u>% Owned</u>
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- B. List full name, address, position held, social security number, and percentage of ownership for Each officer and stockholder with more than twenty percent ownership of each corporation.

<u>Name</u>	<u>Position Held</u>	<u>Social Security Number</u>	<u>Resident Name</u>	<u>% Owned</u>
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18. List Name, Address, Date of Birth, Social Security Number, and amount for all persons that have provided money in this business.

19. Does any vehicle of the business have a television for viewing by the driver of the taxicab company? Yes () No () If yes, indicate which vehicles by VIN #, Year, Make, Model, and Color.

20. Does any vehicle of the business routinely work at a stand in Cobb County? Yes () No () If yes, indicate the location and attach written permission from the property owner or person responsible for granting authority to licensee to operate from a stand. (This must be updated annually and whenever an additional stand is utilized by the business.)

21. Name of the person(s) that will be the manager(s) of this business, giving all pertinent information.

<u>Name</u>	<u>Social Security</u>	<u>Date of Birth</u>	<u>Address</u>	<u>% interest (is any)</u>
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22. State name of person or firm responsible for preparing and maintaining financial and tax records of this business, giving all pertinent information.

Name

Business or ID Number or SSN

Business address

23. Is there any charge or offense pending against any owner, manager, or stockholder with twenty percent or more interest or licensee? Yes () No () If yes, give full details and final disposition.

24. Has any person having interest in this business ever been:

A. **Arrested** Yes () No () B. **Convicted** Yes () No ()

C. **Detained** Yes () No () D. **Indicted** Yes () No ()

E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendre** Yes () No ()

G. **On Probation** Yes () No ()

H. If you answered "YES" to any of these questions, list below in complete detail the dates, charges, places of arrest, and disposition of charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

25. Indicate the number of moving traffic violations of any employee, owner, partner, officer, manager, stockholder with twenty percent or more ownership, or licensee of the business within twelve (12) months preceding the date of this application.

26. If in unincorporated Cobb County, how is the proposed property zoned? _____

Approved by Zoning Division staff member _____

27. Indicate owner of building and owner of property. Give name, address and phone number.

28. Estimated gross receipts for the remaining calendar year: _____

Georgia, Cobb County

I, _____, being duly sworn according to law, do swear that the facts and statements stated by me in the above and foregoing answers are true. False or fraudulent statements are not made herein and none were made in order to produce the granting of such a license.

I further certify that I will notify Cobb County Business License Division of any change in management, Licensee, ownership, or any change that is required by the vehicle for hire ordinance to be updated.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

Date

Signature and title of person other than applicant
filling out this application.

Telephone

All Questions Must Be Answered

Received in Cobb County Business License Division on _____ at _____

By _____
Business License Clerk

Date

Owner/ Licensee Personal Statement

(A photo of applicant must be attached)

1. Full name of (Do Not Use Initials) _____
Include maiden name(s), alias(s), etc.
2. Georgia Drivers License Number: _____
3. Social Security No. _____ Business Phone _____ Home Phone _____
Fax # _____ E-Mail Address _____ Cell Phone # _____
4. Home Address: _____
5. Business Address: _____
6. Race: _____ Sex: _____ Height: _____ Weight: _____
Age: _____ Color of Hair: _____ Color of Eyes: _____
7. Place of Birth: _____ Date of Birth: _____
U.S. Citizen by (please check one): Birth _____ Naturalization _____
If naturalized:
Date, Place, and Court: _____ Certificate # _____
Petition # _____ Derived Parents Certificate #'s _____
If not a citizen:
Alien Registration #: _____ Native Country: _____
Date and port of entry: _____
If you are not a citizen and do not have an I-551 card, under what authority are you legally in this country?
MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS
8. How long have you resided in the State of Georgia? _____
9. How long have you resided in Cobb County? _____
10. Number of years resided at your present address? _____
11. What is the title of your position with the business submitting this license application? _____

12. Are you: (Circle one)

Single Married Widowed Divorced Separated

13. If married or separated, complete the following information on spouse.

Full Name of Spouse _____

Social Security No.: _____ Wife's Maiden Name: _____

Place of Birth: _____ Date of Birth: _____

Place of Marriage: _____ Date of Marriage: _____

U.S. Citizen by (please check one): Birth ____ Naturalization ____ Not a Citizen ____

If naturalized: Certificate # _____

Date, Place, and Court: _____

Petition # _____ Derived Parents Certificate #'S _____

If not a citizen, please complete the following:

Alien Registration #: _____

Native Country: _____

Date and port of entry: _____

MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS

Name of spouse's employer: _____

Address of employer: _____

14. Do you have any financial interest or are you employed in any taxicab company business other than the business submitting the license application of which this personal statement is a part?
If yes, give name, location, and the amount of interest in each. _____

15. List occupation(s) for the past ten years.

From Month/ Year	To Month/ Year	Duties Performed	Employer (Name, address and telephone number)	Reason for Leaving	Salary

16. List residences for past ten (10) years.

From Month/ Year	To Month/ Year	Address	City	State

17 . Have you ever been:

- A. **Arrested** Yes () No () B. **Convicted** Yes () No ()
C. **Detained** Yes () No () D. **Indicted** Yes () No ()
E. **Pled Guilty** Yes () No () F. **Pled Nolo Contendre** Yes () No ()
G. **On Probation** Yes () No ()

H. If you answered "**YES**" to any of these questions, list below in complete detail the dates, charges, places of arrest, and disposition of charge(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

I, _____, do solemnly swear, that the foregoing statements are true. I understand that any falsehoods are grounds for automatic dismissal of this application.

I further certify that I will notify the Cobb County Business License Division of and changes effecting my status and/or position with this company.

Applicant Signature, (Full name in ink)

Notary Public

Date

TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNER/SHAREHOLDER, AND PARTNERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

CONSENT FORM

I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL NAME PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SS NUMBER

ALIEN NUMBER (IF NOT A US CITIZEN)

SIGNATURE

NOTARY PUBLIC

DATE

TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNER/SHAREHOLDER, AND PARTNERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.

CONSENT FORM

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CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SS NUMBER

ALIEN NUMBER (IF NOT A US CITIZEN)

SIGNATURE

NOTARY PUBLIC

DATE

AFFIDAVIT

I, _____, owner, partner, president, or CEO of _____
a taxicab company do swear or affirm that the vehicles listed in the taxicab company application, vehicle
sticker permit application, or renewal application, which includes all the vehicles operating for the above
stated business in Cobb County, meet or exceed the requirements and standards approved by the Board of
Commissioners for vehicle for hire/ taxicab pursuant to section 126-120 of the Official Code of Cobb County. I
further swear or affirm that all vehicles will be maintained in compliance with requirements and standards
adopted pursuant to section 126-120 of the Official Code of Cobb County. I further understand that false
statements made in this affidavit or taxicab company application will result in denial or revocation of the
license and vehicle stickers for the vehicles of the business. I also understand that failure to maintain all
vehicles of the business to all requirements and standards adopted by the Board of Commissioners pursuant
to section 126-120 of the Official Code of Cobb County will result in civil and/or criminal action against me
individually and suspension, denial, or revocation of the business license and vehicle sticker permits. All
statements in the affidavit are true and made this _____ day of _____, 20 ____.

Signature of owner, partner, president, or CEO

Notary Public

Date



Cobb County Business License
P.O. Box 649
Marietta, Georgia, 30061-0649
Phone (770) 528-8410 Fax (770) 528-8414

INSURANCE VERIFICATION FORM

Agent Name: _____ Agency Name: _____

Agent Business Address: _____ Agent Business Phone: _____

Agent E-mail Address: _____ Agent's Fax #: _____

Please obtain the following information and documents from your insurance agent; a declaration page showing the policy number, the amounts of coverage, and beginning & expiration date of the policy. A declaration of covered vehicles identified by VIN must either be printed on the declaration page or page attached to declaration page. Declaration page must indicate that the Cobb County Business License Division will receive 30 days notice prior to cancellation of the policy. A copy of the policy must accompany this application.

YOUR INSURANCE AGENT MUST COMPLETE THE FOLLOWING QUESTIONNAIRE BEFORE WE CAN CONSIDER YOUR APPLICATION FOR A BUSINESS LICENSE AND/OR VEHICLE STICKER.

- (1) How many insurance policies does this taxicab company have with your agency? _____
***Attach a list of vehicles assigned to this business showing any Policy Number**
- (2) Does this taxicab company applicant have multiple policies on any vehicle? **YES or NO**
- (3) Give the names of any insurance company and any applicable policy number. _____
- (4) Are all policies held by this taxicab company applicant, written by insurance companies authorized to conduct business in the State Of Georgia? **YES or NO**
If no, explain: _____
- (5) Is this policy or any policy currently held by this taxicab company applicant written under the "Surplus Line" insurance law? **YES or NO**
If yes, explain: _____
- (6) Is this a commercial insurance policy? **YES or NO**
- (7) Has the taxicab company applicant been approved by the insurance company to operate as a "taxicab company"? **YES or NO**
- (8) Check the following in regards to payment plan:
 - (a) Six Month Policy (paid in advance) _____
 - (b) One Year Policy (paid in advance) _____
 - (c) Sixty Day Binder (coverage contingent upon monthly payments) _____
 - (d) Other (explain) _____
- (9) Name the **individual** that pays the premium on this policy. _____
- (10) Name of the taxicab company covered by this policy. _____

I, _____, do solemnly swear that the foregoing statements are true. I understand that any falsehoods or omissions are grounds for automatic dismissal of this application. I understand that falsification or omission of information in this statement may result in civil and/or criminal action against me **individually** and the insurance company that I represent.

Signature of Insurance Agent or Authorized Representative

Notary Public _____ DATE _____

**Metro Atlanta
Dept. of Motor Vehicles**

Updated 10/6/10

Marietta

1605 County Services Pkwy
Marietta, GA 30008
770-528-3250

Carrollton

512 Old Newnan Road
Carrollton, GA 30117
770-836-4603

Canton

1085 Marietta Highway
Canton, GA 30114
770-720-3693

Forest Park

5036 Georgia Highway 85
Forest Park, GA 30297
404-669-3961

Lawrenceville

310 Hurricane Shoals Road
Lawrenceville, GA 30045
770-995-6890

Cartersville

1300 Joe Frank Harris Parkway
Cartersville, GA 30120
770-387-3700



***Affidavit Verifying Status
Of Cobb County Business License Application***

By executing this affidavit under oath, as an applicant for a Cobb County Business License, I am stating the following with respect to my application for a Cobb County Business License for _____ **[INSERT BUSINESS NAME]**:

_____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

Notary Public
My Commission Expires:

Alien Registration number for non-citizens

**Cobb County Business License
Taxicab Company License Applicants
Fingerprint Requirements**

The Georgia Crime Information Center (GCIC) advised that due to State budget cuts, the GCIC no longer has resources to process manual (ink prints on paper fingerprint cards) fingerprint-based criminal history record checks in a timely manner, as required for licensing purposes (O.C.G.A. 3-3-2).

GCIC has contracted with Cogent Systems to provide the Georgia Applicant Processing Services (GAPS) to perform electronic submission of all licensees' fingerprints in regards to Taxicab Company License. **YOU MUST REGISTER** with Cogent Systems **PRIOR** to going to one of their fingerprint sites. Registration may be completed online or over the telephone. To have your fingerprints completed prior to submitting your application, please do the following:

1. Go to GAPS website at www.ga.cogentid.com
2. Under the Registration column, select "Single Applicant Registration".
3. Complete the information sheet; items with a red asterisk are mandatory.
4. For Transaction Information – Reason select "Alcohol/ Liquor Licensee".
5. Follow the instructions on the website.

To register by telephone:

1. Call 1-888-439-2512 Mon thru Fri, 8am to 6pm EST

During the registration process, demographic data about you will be collected (name, address, SSN, etc.). There will be no data collection or registration at the fingerprint collection sites. A list of available sites is on the GAPS website.

You will receive a GAPS registration number with an option to pay with a credit card or debit card online. You will be charged a service fee for each licensee being fingerprinted. Money orders/ cashiers check **PAYABLE TO COGENT SYSTEMS** will be accepted at the collection sites for those applicants who do not have the means to pay electronically.

Once registered and payment type has been determined, you may proceed to the fingerprint collection site of your choice. You must take with you a current, valid and unexpired picture identification which can be one of the following:

- State Issued Driver's License or Identification Card with Photo
- US Passport with Photo
- US Active Duty/Retiree/Reservist Military ID Card with Photo
- Government Issued Employee Identification Card with Photo

Also, take to the fingerprint center for verification with these numbers:

- **The Cobb County OAC Number: GA0330200**
- **Verifying Code: 0330200**

You MUST submit your fingerprints before returning your Taxicab Company License Application to Cobb County Business License.
If you have any questions please contact one of the following about GAPS.

Cogent Email or Support Requests

gahelp@cogentsystems.com

Telephone inquires 1-888-439-2512



Cobb County Taxicab Company License Fingerprint Affidavit

By executing this affidavit under oath, as an applicant for a Cobb County Taxicab Company Business License for _____ (name of business) I _____ (name of applicant) have submitted fingerprints to the Georgia Bureau of Investigation through GAPS in compliance with O.C.G.A 3-3-2.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

Notary Public
My Commission Expires:
